



# CITY OF O'FALLON

## CONTRACTOR PROJECT SIGNATURE SHEET

Building and Code Enforcement Division  
100 North Main Street, O'Fallon, MO 63366  
636-379-5660 / 636-240-2000  
Email: [permits@ofallon.mo.us](mailto:permits@ofallon.mo.us)

Project Name:	
Project Address:	

<b>Contractor Type</b>		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical

### Contractor Information

Name:			
Company:			
Address:			
Email:		Phone:	
License #:			

### License Holder

*An authorization letter must accompany a representative's signature if license holder is unable to sign*

Name:	
Signature:	
Date Signed:	

Please mail ORIGINAL to the following address:

City of O'Fallon  
Building and Code Enforcement Division  
100 N. Main Street  
O'Fallon, MO 63366